New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

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# Corporate identity program refines the Deaconess "look"

When asked to describe "corporate identity," most people mention a company's logo, or symbol. At the Deaconess, that symbol is the "lady and the lamp," which has been recognized for many years as the distinguishing graphic element of the hospital. Last year the hospital began a project with Jon Roll & Associates, a design firm that specializes in environmental graphics, to sharpen the public's perception of the Deaconess and the services it offers. The outcome of the project is a new "corporate identity" for NEDH Corp. and its subsidiaries.

Although the idea of corporate identity begins with a company's logo, it involves much more. "From a practical point of view," says Alison Sneider, director of Public Relations, whose department has coordinated the project, "establishing and maintaining a corporate identity helps to cut costs and reduce waste and duplication. It also simplifies the process of designing and purchasing printed materials — everything from stationery to parking stickers."

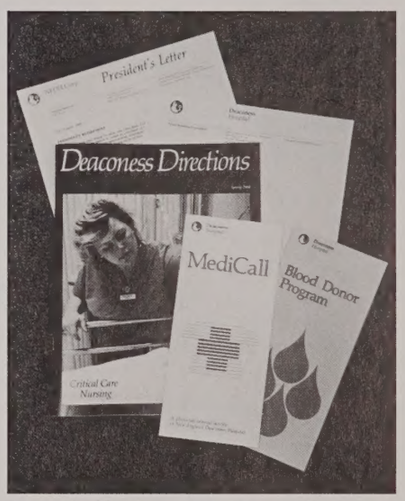
**"One of the most compelling reasons for the Deaconess to sharpen its image is the increasing competition among hospitals."**
**— Laurens MacLure**

The philosophical reasons for corporate identity are as important as the practical ones. "One of the most compelling reasons for the Deaconess to sharpen its image," says Laurens MacLure, hospital president, "is the increasing competition among hospitals for a shrinking patient population. More than ever before, we need the general public to be able to distinguish us from others, especially those with similar names. And a consistent corporate identity helps those outside the hospital to see the Deaconess's many parts as a unified whole."

Because the Deaconess is a large and complex organization, one of the specific goals of the program is to clarify the institution's image for the general public — whether they receive a copy of *Deaconess Directions* in the mail, notice a Deaconess parking sticker on the car next to them at the mall, read a classified ad in the Sunday paper, watch a Deaconess Home Health Care van driving down the street, or pick up recruitment materials at a nursing job fair.

One of the basic tools for accomplishing this is repetition — remember memorizing those multiplication tables? — so the foundation of the corporate identity program is consistent use of the key elements of the Deaconess identity system. These key elements begin with the corporate "signature" — the symbol (the lady and the lamp), type, and color (see sidebar). They also include the size of publications, layout of stationery, and use of the signature on everything from ID badges to vehicles.

The system is designed to accommodate NEDH Corp. and all its subsidiaries, including the Deaconess Hospital; it also incorporates relationships with other organizations, such as Harvard Medical School. It is flexible enough to apply to a wide variety of stationery items, such as letterhead, envelopes, and business cards; to hospital publications such as *Pulse* and other newsletters, brochures, and magazines; and to other items such as uniform patches, name badges, and T-shirts.




**Corporate identity sets graphic standards for hospital publications, stationery, and other printed materials.**

Each department head will receive a graphic standards manual that explains in detail all aspects of the new system. "We expect that it will be about a year before the system is fully in place," says Sneider. "We are not asking people to toss out perfectly good stationery or other supplies. When a department uses up its last box of current stationery and reorders from Purchasing, for example, the reorder will automatically be filled using the new corporate identity guidelines." Additional changes, such as a new look for *Pulse* and other publications, will be phased in during the coming months.

Day-to-day management of the system will be handled through Purchasing. Those departments or individuals who require help in solving a specific design problem, or who need further information about the new system, are encouraged to call Public Relations at extension 2-8046.

## What's new about the new look?

There are three main differences between the current signature and the new version. One difference is the symbol — the lady and the lamp. "She's been simplified a bit, and in the process, made more distinctively a human figure," says Alison Sneider, director of Public Relations and coordinator of the project.

Another element is typography. "We were looking for a typeface that was bold, modern, yet still classic; we found it in a face called Palatino," says Sneider. "In addition, we wanted to emphasize the word 'Deaconess,' since that word is what sets us apart from all the other hospitals in the area with similar names — New England Baptist, New England Rehab, New England Memorial, New England Sinai, New England Medical Center, and so on." The hospital has not changed its name; it has simply sought to highlight the name by which the hospital is commonly known — "the Deaconess."

Deaconess Hospital

The final element is color. Again, design decisions were based on a desire to sharpen the image of the Deaconess. "To accomplish this, we are working with brighter colors," says Sneider, "going from gray to black in the type, from a pale blue to a brighter blue in the symbol, and using pure white paper stock whenever possible."

# Employees can win $500, if they D.A.R.E.

Looking for a way to earn some extra cash with only a few strings attached? As mentioned in the July issue of *Minipulse,* employees now can earn $200 or as much as $500 by referring a friend or relative to selected positions through the Deaconess Awards Referring Employees (D.A.R.E.) program.

**How is a position selected?** A manager may recommend that an open position become part of the D.A.R.E. program. Human Resources evaluates the position by using the following criteria: how many vacant positions are open, how long the position has been vacant, and overall market conditions. Positions included in the program are marked with a "$" symbol on the job listings posted on bulletin boards in Human Resources, the cafeteria, the hallway outside the cafeteria, and the lunchroom at 99 Brookline Avenue.

**How is a referral made?** When an employee sees a position that is right for someone he or she knows, the employee goes to Human Resources and fills out an employee referral card. All acceptable referrals are for permanent positions only, whether full or part time, and hiring practices set by Human Resources apply to all applicants.

**"Our employees are one of the Deaconess's best recruitment tools." — Cathy Gillis, employment supervisor**

Jeanne Coffin, billing supervisor (left), received a $200 reward for referring Karen Bruning to the Deaconess. Bruning now works in Physician Financial Services.

**What is the difference between the $200 and $500 award?** A $200 award is offered for positions that are somewhat difficult to fill, such as food assembler, outpatient billing representative, L.P.N., or secretary. The $500 award is offered for positions that are especially difficult to fill or require technical expertise or more extensive training; these might include R.N., MRI technologist, HVAC mechanic, or inpatient financial counselor with third-party reimbursement experience (see sidebar for list of positions). Each position is reviewed on a monthly basis by Human Resources for inclusion or deletion. New positions are evaluated and added as vacancies develop.

**How is the award given?** The cash award is given in two installments to any employee who refers a successful applicant through the program. Human Resources pays the first $100 or $250 (depending upon the position) 30 days after the referred applicant's start date. The hiring department then pays the second $100 (or $250) after completion of the new employee's six-month probationary period. The referring employee receives both installments in cash, and taxes are paid by Human Resources and the hiring department. Department heads, administrative officers, and staff members of the Human Resources Department are not eligible for the cash award.

"We've always had a strong history of employees recommending the Deaconess to other people," says Cathy Gillis, employment supervisor and coordinator of the D.A.R.E. program. "Our employees are one of the Deaconess's best recruitment tools, and these employees deserve some recognition for making such a substantial contribution. In addition, we want to spark more participation from them and have added the two-tier program [$200 and $500 cash awards] to do so."

The D.A.R.E. program began in 1985 in response to a severe shortage of healthcare workers and a group of difficult areas for recruitment within the hospital. The program also was created to urge those employees who refer friends and family to continue and to encourage other employees to begin referring. D.A.R.E. was revised in June, and the second tier, $500 cash award was added.

The program has resulted in 24 new hires in the last six months, with a wide variety of referrals. Among the successful referrals: a sister, who works in a surgeon's office, referred her brother to Physician Financial Services at 99 Brookline Avenue; a parking office employee, who has been at the Deaconess for 12 years, referred two friends to nursing positions; and a billing supervisor referred another billing employee.

One such referral occurred last August. Jeanne Coffin, a billing supervisor who works for Deaconess Medicine, referred Karen Bruning (the daughter of family friends) for a position as biller in Physician Financial Services.

"I knew the Deaconess had plenty of openings," said Coffin, and I suggested to Karen that she go for an interview. I didn't know about the D.A.R.E. program at the time, so it was an added bonus when Karen was hired and I received $200 in cash after six months."

Bruning was hired as a physician biller at 99 Brookline Avenue in September 1987, and enjoys the close access to Kenmore Square and public transportation.

"I'm glad Jeanne told me about the Deaconess," says Bruning. "I love it at 99 — it's a great place to work, and everyone I work with is very friendly."

Know someone who's looking for a job? Why not refer them to the Deaconess? If he or she is hired, that person will benefit with a new job, and the referring employee will benefit with some easy money. And the Deaconess will be a beneficiary, too.

## Rewards for referrals

The following are positions as of July 1, 1988, for which cash awards are given. This list is reviewed on a monthly basis, and positions are deleted and added. For more information, check the current job postings or call Human Resources at 2-8137.

**$200 positions**

ambulatory patient billing representative
building service aide
collections representative
diet technician
food assembler
histology trainee
inpatient billing representative
inpatient financial counselor
lab GB records secretary
L.P.N.
nursing assistant
outpatient billing representative
pharmacist
phlebotomist
physician billing representative
respiratory therapist
secretaries, requiring 45+ wpm typing
unit clerk
unit coordinator

**$500 positions**

CT technologist
histology technician (experienced)
inpatient financial counselor with third-party reimbursement experience
MRI technologist
medical technologist
physician billing representative with IDX expertise
R.N.
special procedures technologist
staff radiologic technologist
ultrasound technologist
HVAC mechanic

# Farr elevator modernization project to start in October

Imagine the Farr elevators running more smoothly, quietly, and quickly — with a modern interior and a recorded voice that announces the selected floor. Is this only the dream of regular Farr Building elevator users, or could it really happen? In a little more than a year, it will.

A major renovation to the Farr elevators will start this October. One by one, the four elevators will be taken out of service and the current operating mechanism in each replaced with a microprocessor-based system. This computer controlled system will help each elevator work in tandem with others in a more expedient and intelligent manner and respond to calls more quickly. The elevator interior or cab also will be replaced with modern walls and ceiling, and each elevator will have the added feature of a voice annunciator — a recorded voice that announces the floor number as the elevator arrives at a floor. This feature is designed to assist visually impaired patients and visitors and is similar to the elevator system at Massachusetts Eye and Ear Infirmary.

Each elevator renovation will take 17 weeks to complete, so the projected end date is February 1990. Periodic updates and reports in *Pulse* will be provided as the work progresses. A poster located near the Farr elevator bank also will show progress and completion of each elevator's renovation.

"When the Farr elevator modernization is completed, we expect a 25 percent improvement rate," says Dennis Monty, manager of projects/design, Maintenance and Engineering. "Elevators will respond more quickly to the needs of all of our patients, visitors, and employees."

Why is the renovation happening now? The Farr elevators have not been upgraded since 1970, when floors 6 through 11 were added. The operating system has since become slow-reacting and unreliable. Because the elevators run 24 hours every day and meet the demands of employees, patients, and visitors in addition to delivering equipment and supplies, they are under constant stress.

Employees are asked to help by taking the stairs whenever possible — for example, by walking up one or two floors or down two or more — as well as using alternate elevators and stairways. An operator will be assigned to one of the functional elevators to help move dietary carts, supplies, and people as quickly as possible.

**During the 16-month elevator modernization project, an information campaign will keep employees up to date on the project's progress, as well as encouraging them to take the stairs and alternate routes to get around the hospital.**

"We know the Farr elevator modernization will be an inconvenience for our staff and visitors, but we hope everyone will bear with us. We're confident that the long-term benefit of having a faster, more efficient elevator system will be well worth the trouble," says David Lilley, senior vice president.

# Davis, New named to head External Affairs, Research

Two new department heads have been appointed in recent months. Alan R. Davis has been named vice president for External Affairs, and William G. New has joined the Deaconess as director of Research.

Davis will be responsible for the hospital's development activities, including the annual appeal, corporate and foundation grants, bequests, and planned giving. He has been a member of NEDH Corp., the hospital's parent company, since 1970. During that time he has been closely involved with the hospital's fundraising efforts, serving as chair of the annual appeal subcommittee of the development council for several years.

"I have seen the Deaconess annual appeal grow from a very modest fund to a substantial portion of the hospital's fundraising effort," he says.

Previously, Davis was manager of government affairs at Boston Edison Company. He also established and directed the Boston Edison Foundation and coordinated the utility company's activities in support of several community programs, including the 1987-88 United Way campaign, the Boston Symphony's "Christmas at Pops," and last spring's U.S./Soviet cultural exchange "Making Music Together."

"It is not possible today for any hospital to generate internally the funds needed to expand facilities, support research programs, and implement new technologies," Davis says. "We need to draw on the support of every element of the community — individuals, corporations, foundations, and the government — for the money that is required to keep up in a rapidly changing environment.

"The Deaconess has an outstanding reputation among the people who are familiar with its work: our patients, their families, and the medical community. But we need to continue increasing awareness in the community at large of the wonderful work that's done here. That way we'll be able to generate the increased support needed to carry out our current and future plans."

Davis is a graduate of Northeastern University and the program for management development at Harvard Business School. During his career at Boston Edison, he held several managerial positions in the areas of marketing, public relations, and public affairs. Among his many community activities are memberships on boards and committees at the United Way of Massachusetts Bay, Boston College, and Schlesinger Library at Radcliffe College.

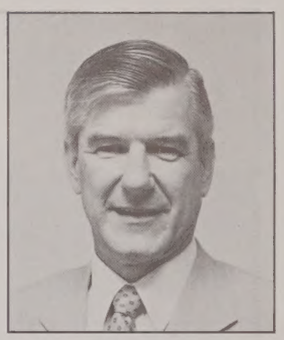
New's responsibilities include administration of the hospital's basic research labs and overseeing the office of grants and contracts.

"The Deaconess is an exciting place," New says. "Its commitment to research has grown tremendously during the past five years, and it now is a major center of biomedical research as part of Harvard Medical School."

New came to the hospital from the National Institutes of Health, where he held several management positions in the National Cancer Institute. Most recently he served as administrator of the developmental therapeutics program, a $120-million effort to develop new cancer drugs. His experience includes all facets of research support and the grants and contracts process.

"I see my job as an advocate for research and its issues within the hospital administration," he says. "Several years ago, the Deaconess made a commitment to becoming a full teaching and research hospital, and the ramifications of the decision are still unfolding. My role is to work in cooperation with the clinical chiefs to translate that commitment into concrete results."

New is a graduate of Davidson College in North Carolina and received a master's degree from Indiana University.



**Alan R. Davis**

**William G. New**

# Gallstone lithotripter scheduled to arrive

**"Lithotripsy provides patients with a non-invasive treatment option that offers few anesthesia risks and shorter hospital stays."**
**— Melvin Clouse, M.D.**

A state-of-the-art gallstone lithotripter is scheduled for installation on Farr 5 this fall. Soon after, physicians will begin treating patients for stones located in the common duct, and later this year patients will be enrolled in a clinical study designed to determine the effectiveness of this new procedure.

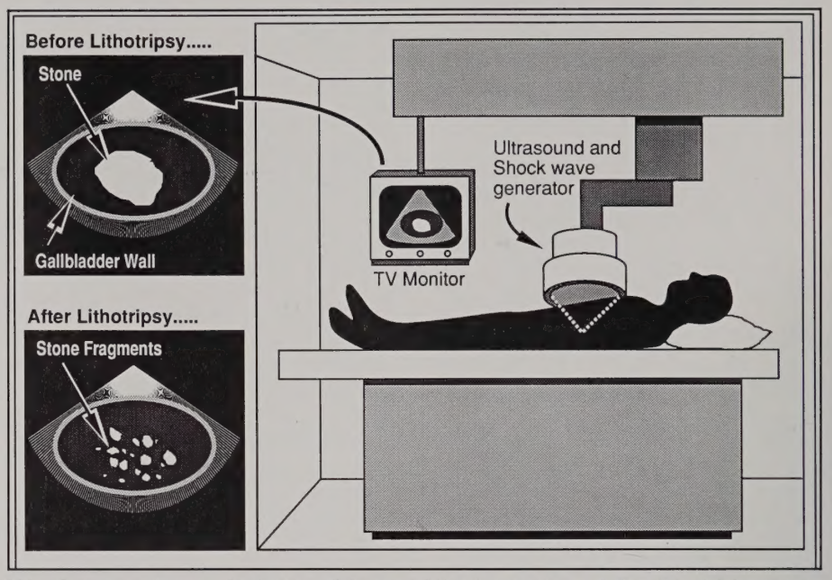
"Gallstone lithotripsy is an emerging technology that treats gallstones non-surgically through the use of ultrasound to locate the stones and shock waves to destroy them," says Melvin Clouse, M.D., principal investigator of the study and chairman of the Department of Radiology.

Ultrasonography transmits sound waves through body tissue, records the echoes as the sounds encounter objects inside the body, and transforms the recordings into a photographic image. Once the location of the stones is determined, electrodes are used to generate hundreds of shock waves that crush the stones into tiny fragments that pass through the bile ducts into the intestine.

It has been estimated that up to 10 percent of the general population and as many as 20 percent of persons over 40 years of age suffer from gallstones. Approximately one million new cases appear each year.

"Lithotripsy provides patients with a non-invasive treatment option that offers few anesthesia risks and shorter hospital stays and recuperative periods," says Clouse.

The Departments of Medicine, Surgery, and Radiology are involved in the lithotripsy project. Using a defined protocol and pre-lithotripsy diagnostic studies, patients will be evaluated to determine if they are appropriate candidates for the study. Patients for whom lithotripsy is not appropriate will be referred for other treatments (gallstone dissolution or surgery).



**Lithotripters use ultrasound to locate gallstones and shock waves to crush them into tiny fragments.**

Gallstone lithotripsy studies conducted at the University of Munich, Germany, have found the new technique to be effective in 91 percent of the 175 patients studied at 12 to 18 months after lithotripsy.

"We are encouraged by previous studies on the use of lithotripsy in the treatment of both gallstones and kidney stones, and we are looking forward to providing Deaconess patients with this latest treatment advance," says Clouse.

Risks associated with the 30-minute procedure are relatively minimal but include possible tissue damage from improper positioning during treatment, and minor bleeding from damage to the tissue surrounding the stone during the fragmentation process.

Once the machine has been installed and tested, 100 patients will be enrolled in a clinical study later this year. Following successful completion of the study, Deaconess researchers hope to expand it to accommodate more patients.

# Employee picnic

Some of the hottest weather on record couldn't put a damper on the second Deaconess Employee Picnic, held August 15. Through the efforts of several departments — Dietetics, Building Services, Human Resources, and Public Relations — employees, retirees, and visitors enjoyed an inexpensive picnic lunch served on Joslin Park. The occasion also marked the first day of classes for the School of Nursing's Class of 1989, the final SON class.

**(Far left) Dietary employees Rosemarie Lipton (left) and Mary Osborne serve cold drinks under the tent on Joslin Park. (Above) Members of the School of Nursing Class of 1989 with some of the 93 balloons they released in commemoration of the School's 93rd anniversary. (Near left) Nursing retiree Barbara Howell, R.N., purchases her lunch ticket from Judith Miller, R.N., senior vice president for Nursing.**

# O'Leary, Rose receive National Institutes of Health grants

Two Deaconess researchers recently received grants from the National Institutes of Health for new research projects. Daniel O'Leary, M.D., director of neuroradiology in the Department of Radiology, received a $1.45 million contract from the National Heart, Lung, and Blood Institute (NHLBI) as part of a six-year study of the natural progression of heart disease and stroke in the elderly. Richard Rose, M.D., chief of pulmonary disease in the Department of Medicine, was awarded $1.05 million, also from NHLBI, for a five-year study of the role of macrophage colony-stimulating factors (CSFs) in respiratory biology.

**Ultrasound used to track development of arterial disease**

O'Leary's contract is part of a national study designed to identify the associations between various risk factors and coronary heart disease and stroke in men and women aged 65 and over. Up to 5,000 patients will be recruited and followed in four field centers located outside New England. Ultrasound studies to determine the severity and extent of atherosclerosis in the participants will be conducted in the second and fifth years of the program, and all of the studies will be sent to the Deaconess for interpretation.

"The goal of the program is to learn as much as possible about the lifestyles of the participants and their physical condition at the outset of the study, and to see how those factors affect the development of heart attacks and strokes," O'Leary says.

Traditionally, ultrasound had been used to measure the severity of arterial disease after it had progressed to an extreme stage. In this study, however, ultrasound will be used as a screening device earlier in the progress of disease, when interventions such as change of diet and medication may be most effective.

O'Leary says, "The Deaconess has built a strong reputation in the field of ultrasound imaging, and as a result of this project, the hospital will acquire additional equipment so advanced that we will be the first center in New England capable of evaluating such a large volume of studies with extreme accuracy."

**Would use of CSFs be helpful in fighting lung infections?**

Rose's project will take a look at how the use of colony-stimulating factors — naturally occurring substances that induce the bone marrow to produce immune cells — affects other bodily organs, particularly the lungs.

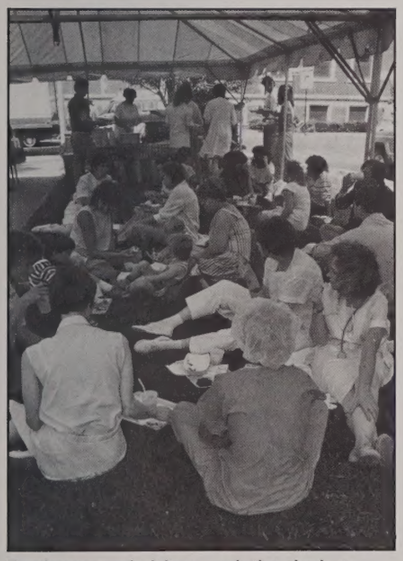
"So far, CSFs have been used in treatment of patients with bone marrow failure, to stimulate the bone marrow stem cells from which blood and immune cells grow," Rose says. "But these initial studies indicated that administration of CSFs also has an effect on mature immune cells. Because the lungs are important in the body's defense against infection, and because certain cells that are stimulated by CSFs naturally are present in the lung, we're going to look at what happens when aerosol doses of CSFs are administered directly into the lung."

Rose and his colleagues will begin with animal studies of the effects of CSF administration on what are called myeloid immune cells (macrophages and neutrophils) in the healthy lung. Macrophages normally are present in the lung to destroy airborne bacteria that may be inhaled. Neutrophils also fight against bacteria, but usually are present only during an active infection. The initial studies will be followed by investigations of the use of CSFs when a lung disease is present.

"Most chronic lung diseases are characterized by an overaccumulation and activation of myeloid cells," Rose says. "It is not yet clear why this happens, but when the cells proliferate, they cause inflammation and damage to the lungs. Our study of the use of CSFs in disease states will look at whether their administration would be useful in fighting infections or whether it would cause toxic reactions."

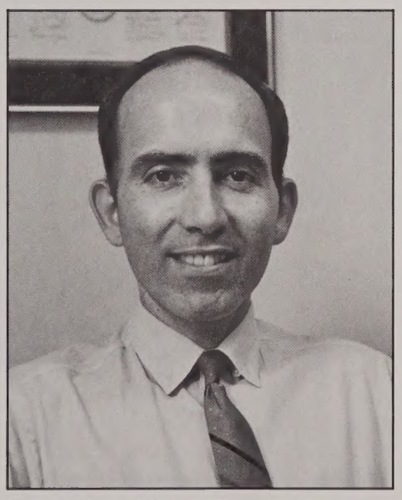
If the results of these studies are favorable, Rose will seek to follow them up with clinical studies investigating whether CSFs would be helpful in treating such human lung conditions as chronic bronchitis, emphysema, pulmonary fibrosis, sarcoidosis, and smoking-related diseases.

**Grants will support an ultrasound study of cardiovascular disease and an investigation of the effects of colony-stimulating factors.**



Employees and visitors seek the shade to enjoy their picnic lunches. Almost 800 meal tickets were sold to the August 15 event.

## In recognition



Ronald Silversti, M.D., pulmonary disease, was one of four recipients of the 1988 Harvard Medical School Excellence in Teaching awards. Every year awards are conferred on the faculty members judged to have the greatest impact on students in each of the four years. Silvestri, who directs the second-year Introduction to Clinical Medicine course, was singled out for the program's merit and for his personal activities as a teacher and role model.

The staff of the Baker 5 medical intensive care unit recently received a plaque from the family of a patient, expressing appreciation for their care and dedication. Cathy Purcell, R.N., staff nurse, (left) and Deb Dickinson, R.N., nurse manager, hold the plaque which reads: "Presented to nurses and doctors on MICU Baker 5, In appreciation for your unrelenting effort, your display of ability and caring for our father . . . 'Thanks,' The Charleton Family."

# Indochinese volunteers learn through work

Over the decades, waves of immigrants have joined Boston's population. These newcomers arrive from overseas with dreams of opportunity for themselves and their children. In response to the needs of this population, many programs have been established to help newcomers adjust to their new home and take advantage of the opportunities Boston has to offer.

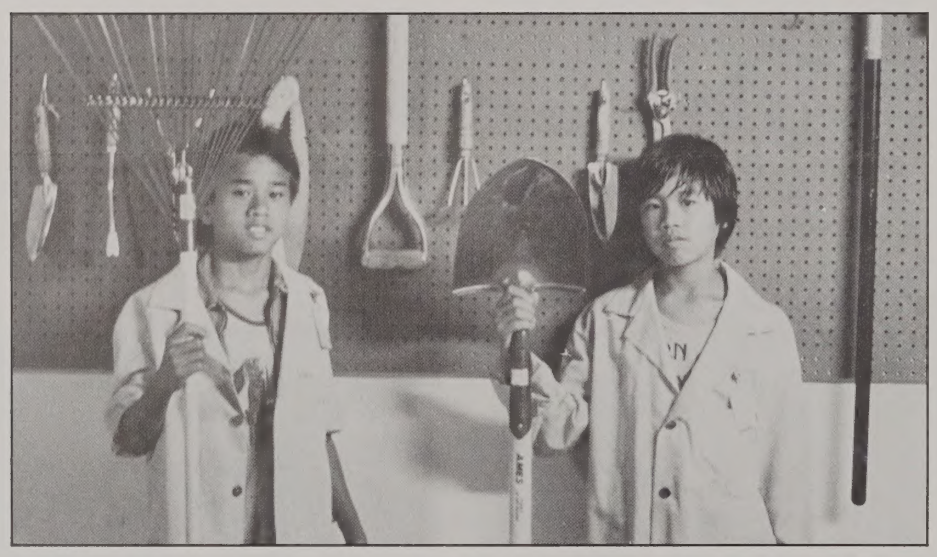
The Deaconess Volunteer Services Department has played an active part in this effort by participating in the Metropolitan Indochinese Children and Adolescent Services (MICAS) program. Run by the Action for Boston Community Development Summerworks Program and the Employment Resources Incorporated Summer Youth Employment Program, MICAS combines employment, education, and recreational activities for newly arrived Cambodian and Vietnamese youth.

The program consists of 15 hours per week on the job, three classes per week in Life Skills or English as a Second Language, recreation, social services, and field trips. Students may work in a variety of settings including hospitals, day care centers, schools, housing projects, and non-profit associations. Jobs include cleaning, food service, laundry, day care, clerical, maintenance, painting, and groundskeeping. For many participants, this is their first work experience in the United States.

"I believe in the program," says Phyllis Wasserman, director of Volunteer Services. "It's a good way for these young people to start on a first job and to practice their English skills, while helping patients and staff at the hospital."

The Deaconess has been involved in the program for about four years. Each summer a new group of Indochinese volunteers is given the opportunity to mix with American teenagers in a work environment while exploring career possibilities. "They're learning job skills while being introduced to career opportunities available in hospitals," Wasserman says.

This summer, six young men are volunteering at the Deaconess through the MICAS program. Ranging in age from 14 to 19, they work in such areas as maintenance, grounds, and patient transport. Speaking about their experience at the Deaconess, they seem to enjoy their tasks as well as the people with whom they work.



Nath Soar (left) and Lean Kry are two of six young Indochinese men who volunteer at the Deaconess through the MICAS program.

"We do a lot," said Nath Soar, one of the volunteers. "We clean, do grounds . . . a lot of things."

"I climb trees," Lean Kry, another volunteer, said jokingly.

"The students have to remember that this is only their first job, not their last," says Vesna Nuon, a counselor for two of the volunteers. "The main objective right now is to guide these kids through high school, and get them to college."

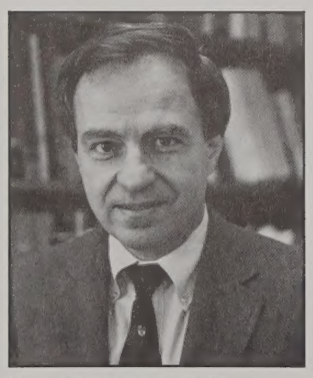
Many MICAS participants had to endure great hardship before arriving in the United States. Families travelled on foot through the jungle to reach the border where they awaited entrance into refugee camps.

"When my family left Cambodia five years ago, we saw things that people here can hardly imagine." says Nuon, "like large snakes, and bombs exploding all around us. Many parents had to carry young children for weeks before reaching the border." Often there was not enough food: "We ate only to have a taste, not to fill our stomachs." Nuon says that most people who made the trek never gained entrance to the camps, and many innocent people were killed during armed attacks.

Those families fortunate enough to make it to the United States face new obstacles as a result of the vast differences in language and culture. Programs like MICAS help teenagers overcome these obstacles by providing a nurturing classroom experience, work, and social environments in which young people can grow and develop.

This summer about 100 students participated in MICAS. The six young men who worked at the hospital not only will benefit from their experience here, they also will make an important contribution to the hospital. "While they learn from us about working in a hospital," says Wasserman, "we learn from them about their nationality and culture, and their assimilation into American society."

# LoGerfo named chief of vascular surgery



Frank W. LoGerfo, M.D.

Frank W. LoGerfo, M.D., has been named chief of vascular surgery. He joined the Deaconess staff in 1987 as research director in the vascular surgery section.

"The Deaconess vascular surgery group always has been clinically excellent, and now we've added a strong research component," he says. "The wealth of experience in the cardiovascular area and in Radiology, Medicine, and Nursing is a great asset. I look forward to working with these departments to develop a vascular surgery program that is second to none."

LoGerfo's research focuses on improving techniques for bypassing blocked or damaged veins with either natural or artificial materials. "We are working on methods for handling and preserving natural vein grafts that prevent injury to the graft and lead to better results. In the area of artificial materials, we're trying to develop ways to make the materials more compatible with the human body and less likely to cause blood clots," he says.

In the clinical area, LoGerfo has developed some new concepts to reduce the need for amputations in patients with diabetes-associated vascular disease.

"We're also very excited about our increasing use of angioscopy, which allows us to see inside human arteries during operations," says LoGergo.

"Dr. Arnold Miller, who recently joined our staff, is a world leader in this new technique. And we're planning to continue improving our educational programs for students and residents."

A graduate of Rensselaer Polytechnic Institute and the University of Rochester Medical School, LoGerfo completed internship and residency at University Hospital in Boston. He was on the staff at University Hospital before coming to the Deaconess. An associate professor of surgery at Harvard Medical School, he also holds appointments in pathology and biomedical engineering at Boston University.

# Employees provide medical care at U.S. Open

Almost 100 Deaconess staff members, including 86 nurses and several doctors, were on hand to staff medical tents, provide medical treatment and advice, and watch a few rounds of golf at this year's U.S. Open, held at The Country Club in Brookline.

The hospital's participation came about when Laurens MacLure, president, was appointed chairman of the tournament's Medical Services Committee. A plan was devised with the help of Judith Miller, R.N., senior vice president for Nursing and a U.S. Open Nurses Committee consisting of Jane Frasca, R.N., vascular coordinator; Marsha Graziano, R.N., clinical leader, Triage; Beverly Green, R.N., clinical leader, IV therapy; Janice Kelsen, R.N., night unit teacher; Denise Morin, R.N., Farr 7 unit teacher; Cheryl Nolan, R.N., Farr 8 unit teacher; and Mary O'Brien, R.N., Palmer 3 unit teacher.

Staff members participated voluntarily and on their own time. Several received American Heart Association CPR certification or re-certification through a program organized by the Nurses Committee with the help of ICU unit teachers Patricia Rabbett, R.N., and Mary Doucet, R.N., and Farr 9 unit teacher Linda May, R.N.

Each participant received a specially designed uniform and medical identification pass. Deaconess nurses from a cross-section of hospital areas — including IV Therapy, ICU's, Med/Surg, OR, Recovery Room, and Ambulatory Services — were assigned to each of the three medical tents during the tournament. A doctor also was assigned to each medical tent to provide medical advice and to determine if patients needed to be taken to hospitals via waiting ambulances.

Despite the scorching heat during the week-long tournament, there were few major medical problems. Some of the more common ailments treated were blisters, headaches, gastric upsets, allergic reactions, sprained ankles, abrasions, and lacerations. There also were a few fractures and several episodes of cardiac problems. CPR re-certification came in handy for Farr 8 staff nurse Kathy Keeley, R.N., who performed CPR for more than one hour on a man just outside The Country Club grounds.

"We were very fortunate to have plenty of water located throughout the course. If the drinking water had not been available, I think we would have seen many more heat-related problems," says Beverly Green, R.N., chairman of the U.S. Open Nurses Committee.

Over 1,400 people received care at the medical tents and Green estimates that Deaconess nurses volunteered a total of 430 hours throughout the tournament and play-off round.

While most of the people treated in the medical tents were spectators, Deaconess staff did rub elbows with a few celebrities. Pro golfers Greg Norman, who was forced to drop out of play due to an aggravated injury, and Payne Stewart were treated. Lee Trevino's well-known caddy, Herman, had his ankle wrapped for support. Players' family members treated included Lee Trevino's sister-in-law and Tom Kite's wife, Christy. Kite also stopped by to use some medical tape for the shaft of his putter.

**Three of the 86 Deaconess nurses who volunteered at the U.S. Open were Beverly Green, R.N., (left); Marsha Graziano, R.N., (center); and Jan Gallagher, R.N.**

"All of our planning paid off," says MacLure. "We were organized and prepared, and as a result, the entire operation was a success. I would like to thank all who participated in this event; their expertise and dedication are greatly appreciated."

# Good ideas reflect Deaconess pride

Through the good ideas subcommittee of the Guest Relations Committee, employees have continued to find creative ways to enhance guest relations. "It is very encouraging to see the number of people who respond," says Barbara Stank, director of Building Services and sub-committee chair. "Employees often notice problems that previously have been overlooked."

New suggestions continue to be explored and, when feasible, implemented. For example, in response to a "good idea" submitted by Patricia Whalen, Public Relations, the Department of Dietetics recently set up a cafeteria menu hotline. By dialing 2-9696, employees and patients can hear a recorded message describing the daily menu in the cafeteria and an interesting nutritional tip. A description of the Cafe 90 menu may be added in the future.

Wendy Kimmel, R.N., Surgical Services, suggested that the hospital install Braille plates on elevators so that visually impaired people can select floors more conveniently. Stank says the Braille plates will be installed as part of the upcoming renovation and upgrading of elevators. The Farr Building elevators, which will be completely replaced, will include voice annunciators (see article on page 3).

Julie Hirtle, transplant secretary, requested that the tables in Pilgrim's Korner be repaired. She wrote, "Many times I have witnessed visitors and employees getting their coffee and/or lunch dumped on their laps because the table tipped." To remedy the problem, food services has adjusted the tables and will check periodically on their stability. Stank says, "This kind of suggestion is very helpful because Pilgrim's Korner is an isolated place where not everyone goes. Problems like this often slip through the cracks."

Another idea, submitted by Carrie Kramer, R.N., IV Therapy, is now under review. Kramer suggested that a "break room" with vending machines be provided for non-smokers, since at present, smoking is allowed in the area where machines are installed. "Because the cafeteria closes at 6:30 p.m., employees and guests who wish to sit and eat during the evening hours can do so only in the smoke-filled vending area," says Stank. "Only people who work the night shift would be likely to take note of this situation."

Stank encourages employees not only to continue sending in the "good ideas," but also to report problems or complaints to the appropriate department head. "The positive response of the hospital staff shows that there's a lot of pride in this institution," says Stank. Keep those good ideas coming!

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**Send in your "good ideas"**

Name: _____ Date: _____

Department: _____ Location: _____

Here is my good idea for improving the hospital's guest relations environment:

_____

_____

_____

_____

_____

_____

Please clip and mail to Barbara Stank, Building Services, Deaconess G.

# news in brief

**Karoly Balough, M.D.,** pathologist, wrote a chapter on pathology of the head and neck in Rubin & Farber's *Pathology,* a new text published by Lippincott.

**Albert Bothe, M.D.,** program director, Deaconess-Harvard Surgical Service, was elected to receive the John L. Rowbotham Award for Excellence in Teaching by the hospital's surgical residents.

**Patricia Conway, R.N.,** transplant clinician, testified on the impact of DRG's on nursing care of the renal transplant patient at the Boston public hearing of the National Kidney and Urologic Diseases Advisory Board.

**John Delfs, M.D.,** neurologist and associate director of The William P. Arnold Pain Treatment and Research Center, spoke on diagnosis and management of Alzheimer's Disease, at the annual meeting of the Massachusetts Academy of Family Physicians. Delfs also received a William Randolph Hearst Fund award for research into factors affecting neuronal survival in cultures of central nervous system tissue.

**Mary Der, R.Ph.; Joseph DiStefano, R.Ph.; Francis P. Mitrano, M.S., R.Ph;** and **Richard Baptista, M.S., R.Ph.,** Deaconess Home Health Care, presented a poster on compatibility of various antibiotics with heparin lock solutions at the annual meeting of the New England Council of Hospital Pharmacists.

**Paul D. Dernbach, M.D.,** neurosurgeon, has joined the Department of Surgery. He is affiliated with Lahey Clinic Medical Center.

**Jeffrey Dover, M.D.,** chief of dermatology, gave a paper on laser therapy for pigmented lesions at a meeting of the Canadian Dermatology Association.

**Walter Dzik, M.D.,** medical director of the Blood Bank and tissue typing lab, made a presentation on use of the cell saver to salvage blood lost in surgery as part of a National Institutes of Health Consensus Development Conference on Perioperative Red Cell Transfusion.

**George Eisenbarth, M.D., Ph.D.,** internal medicine/endocrinology, received the Donald M. Silver Excellence in Research Award from the Juvenile Diabetes Foundation.

**F. Henry Ellis, Jr., M.D., Ph.D.,** chief of thoracic/cardiovascular surgery, presented papers on myotomy versus excision for esophageal pouches and esophagomyotomy for achalasia at a postgraduate course on gastrointestinal surgery at the University of Minnesota.

**Jerome Groopman, M.D.,** chief of hematology/oncology, spoke on colony stimulating factors at a conference on advances in cancer research sponsored by the National Cancer Institute and Hoffmann-LaRoche Inc.

**Catherine Gwynn, R.N.,** home dialysis staff nurse, spoke on management of the diabetic CAPD patient at the Baxter CAPD seminar.

**Frank LoGerfo, M.D.,** chief of vascular surgery, was elected a member of the American Surgical Association.

**William T. Hyland, M.D.,** plastic surgeon, has been elected a member of the American Society of Aesthetic Surgery.

**Jonathan Isaacson, M.D.,** cardiologist, has joined the Department of Medicine. In addition to working in clinical cardiology, he will conduct research in coronary angioscopy and the lipoprotein precursors of atherosclerosis in the peripheral vascular disease section.

**Robert S. Lees, M.D.,** chief of peripheral vascular disease, has been appointed professor of health sciences and technology in the Harvard-MIT Division of Health Sciences and Technology.

**Kenneth Marshall, M.D.,** plastic surgeon, was elected councillor on the executive committee of the New England Society of Plastic and Reconstructive Surgeons.

**Arthur Mercurio, Ph.D.,** cancer biology, received a Whitaker Health Science Fund award for a two-year study of molecular characterization of nuclear regulator proteins in interferon-gamma activated macrophages.

**Richard Nesto, M.D.,** cardiologist, has been named to the steering committees of two nationwide studies evaluating silent ischemia in patients with coronary artery disease.

**Richard Parker, M.D.,** internal medicine, has joined the Department of Medicine.

**Richard Rose, M.D.,** chief of pulmonary disease, cochaired an international meeting on AIDS and the macrophage, sponsored by the Cancer Research Institute of New York.

**Phyllis Scherr, M.D.,** gynecologist, has joined the department of surgery. A graduate of Harvard Medical School, she completed a gynecology internship and residency at Brigham and Women's Hospital.

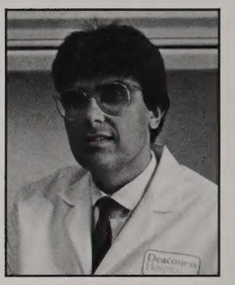
**G. Paul Sesin, Pharm.D.,** clinical coordinator of pharmacy services, spoke on influencing parenteral H2 antagonist use in a teaching hospital to the annual meeting of the New England Council of Hospital Pharmacists, and on clinical positioning of the newer antimicrobials to the Central New York Society of Hospital Pharmacists.

**Carol Toth, Ph.D.,** cancer biology, presented papers on endocytosis by human Kupffer cells and on the effects of interferons on the expression of antigens by human colorectal cancer at a meeting of the Biochemical Society in Nottingham, England.

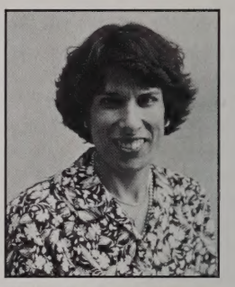
**Mark J. Weiner, M.D.,** ophthalmologist, has joined the Department of Surgery. He is affiliated with Mass. Eye and Ear Infirmary.

**Charles Williams, M.D.,** radiologist, has joined the Department of Radiology. Last year he was chief radiology resident at the Deaconess. He will be specializing in general radiology, with emphasis on vascular interventional and magnetic resonance imaging.

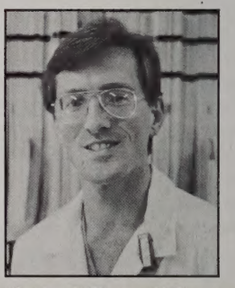
**Stuart Zarich, M.D.,** cardiologist, has joined the Department of Medicine. A former Deaconess chief medical resident, he also completed a cardiology fellowship at the Deaconess. He has been named codirector of the coronary care unit and will be conducting research in echocardiography and Doppler cardiography.



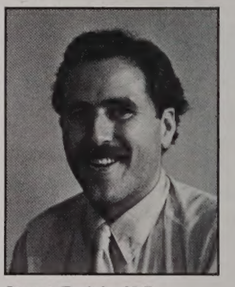
Jonathan Isaacson, M.D.



Phyllis Scherr, M.D.



Charles Williams, M.D.



Stuart Zarich, M.D.

Employee picnic (see page 4)

Jimmy DeMarzio, food service, serves Laurens MacLure, hospital president, at the Employees Picnic in August.

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